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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant[s] : Bjornson, C. C.

Examiner: A. G. Kalinowski

Serial No. : 09/643,976

Art Unit: 3626

Filed : August 22, 2000

Confirm. No.: 1406

For : RESOURCE MANAGEMENT SYSTEM

I hereby certify that this paper is being deposited with the U.S. Postal Service as First Class Mail on this date in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

April 21, 2004

Kenneth P. Robinson  
Reg. No. 20,056

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**GROUP 3600**

TRANSMITTAL

1. Transmitted herewith are:
  - an amendment, and
  - a terminal disclaimer (with fee), in the above-referenced application.

STATUS

2. ☒ Applicant is a small entity and a verified statement has already been filed.

EXTENSION OF TIME

3. The provisions of 37 CFR 1.136 apply:
  - (a) ☐ Applicant petitions for an extension as indicated:
    - ☐ One month - fee \$
    - ☐ Two months - fee \$
    - ☐ Three months - fee \$

- ☐ An extension fee of \$ has already been paid. Net extension fee now due \$ .
- (b) ☒ Applicant believes that no extension of term is required. However this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims is calculated as follows:

- (a) ☒ No claims have been added or made independent.
- (b) ☐ The claim fee computation is as follows:

|  | CLAIMS<br>AFTER<br>AMENDMENT | PREVIOUSLY<br>PAID<br>FOR | EXTRA | RATE | ADDIT.<br>FEE |
|--|------------------------------|---------------------------|-------|------|---------------|
| TOTAL                                  |                              | -                         | =     | x 18 | \$            |
| INDEP.                                 |                              | -                         | =     | x 86 | \$            |
| Total additional fee for claims        |                              |                           |       |      | \$            |
| Small entity additional fee for claims |                              |                           |       |      | \$            |

## FEE PAYMENT

5. ☒ Attached is a check in the amount of \$110.00
- ☐ Charge Account No. the amount of
- (A duplicate of this transmittal is attached)

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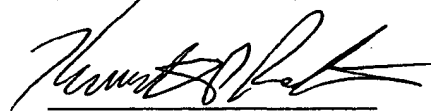
**GROUP 3600**

## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, please charge Account No. 18-1675.

- ☒ If any additional fee for claims is required, please charge Account No. 18-1675.

April 21, 2004



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